

<i>SERFF Tracking Number:</i>	<i>MUTM-125878673</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40736</i>
<i>Company Tracking Number:</i>	<i>AMY PEITZ</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>STOLI Life Application Supplement - C716LNA08A</i>		
<i>Project Name/Number:</i>	<i>STOLI Life Application Supplement /C716LNA08A</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: STOLI Life Application Supplement - C716LNA08A SERFF Tr Num: MUTM-125878673 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 40736

Sub-TOI: L08.000 Life - Other

Co Tr Num: AMY PEITZ

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Mary Cleasby, Kim

Disposition Date: 10/31/2008

Meyerring, Amy Peitz

Date Submitted: 10/30/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: STOLI Life Application Supplement

Status of Filing in Domicile:

Project Number: C716LNA08A

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/31/2008

State Status Changed: 10/31/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC 261-69868 FEIN 47-0322111

Form C716LNA08A - Statement of Policyowner Intent (STOLI Life Application Supplement)

On behalf of United of Omaha Life Insurance Company, I am submitting the above-captioned form in final format for

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review and approval. It contains no unusual or controversial items according to normal company and industry standards.

Form C716LNA08A is new and will not be used to replace any previously filed form. We request approval of this form for use on a general basis with any of our life insurance applications.

Form C716LNA08A has been created to prevent stranger originated life insurance ("STOLI") transactions. Initially, this form will be used to supplement all applications where the proposed insured is age 65 and above with a proposed face amount of \$1 million and above. These fields are being submitted as variable to reflect changes in STOLI practices and are denoted by brackets on the accompanying filed form.

Please accept our assurances that the Flesch score of the application when combined with the policy meets the minimum score of 40.

Enclosed are the required filing materials. Thank you for your consideration of this submission.

Sincerely,

Amy Peitz
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-2449
Fax: 402-351-5298
E-mail: Amy.Peitz@mutualofomaha.com

Company and Contact

Filing Contact Information

Amy Peitz, Product & Advertising Compliance Analyst amy.peitz@mutualofomaha.com
4 - Regulatory Affairs Division (402) 351-2449 [Phone]

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Omaha, NE 68175 (402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$20.00	10/30/2008	23600550

SERFF Tracking Number:	MUTM-125878673	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/31/2008	10/31/2008

SERFF Tracking Number: *MUTM-125878673* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *40736*
Company Tracking Number: *AMY PEITZ*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *STOLI Life Application Supplement - C716LNA08A*
Project Name/Number: *STOLI Life Application Supplement /C716LNA08A*

Disposition

Disposition Date: 10/31/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Filing Fee Schedule		Yes
Form	STOLI Life Application Supplement		Yes

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Form Schedule

Lead Form Number: C716LNA08A

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	C716LNA08A	Application/ Enrollment Form	STOLI Life Application Supplement	Initial		0	C716LNA08A.pdf

STATEMENT OF POLICYOWNER INTENT

*Required for all applications where the proposed insured for life insurance is age [65]and above
and the proposed face amount is [\$1,000,000] and above.*

United of Omaha Life Insurance Company does not issue insurance policies unsupported by an insurable interest, including any policies involved or contemplated to be involved in stranger originated life insurance (“STOLI”) transactions. **STOLI is a practice or plan to initiate a life insurance policy for the benefit of a third party who, at the time of policy origination, has no insurable interest in the insured.**

Name of Owner/Applicant: _____

Name of Proposed Insured: _____

Questions to be answered by the owner/applicant and proposed insured (if different from owner/applicant):

1. Has the owner/applicant, proposed insured or any third party been offered any direct or indirect inducement to encourage the application for this life insurance policy, such as a cash payment, gift or loan proceeds?

Owner/Applicant ☐ Yes ☐ No

Proposed Insured ☐ Yes ☐ No

2. Is there an understanding in place or any kind of agreement that anyone other than the owner/applicant will obtain any right, title, or other legal or beneficial interest in this policy or the proceeds of this policy?

Owner/Applicant ☐ Yes ☐ No

Proposed Insured ☐ Yes ☐ No

3. Have you discussed or do you intend to discuss or otherwise communicate with anyone about the possibility of selling or otherwise using this policy or any beneficial interest in this policy or the death proceeds from this policy for any type of STOLI, life settlement, viatical settlement, senior settlement or other secondary market or similar transaction?

Owner/Applicant ☐ Yes ☐ No

Proposed Insured ☐ Yes ☐ No

Please provide an explanation for any “Yes” answers above, including identification of all parties involved.

STATEMENT OF THE OWNER/APPLICANT AND PROPOSED INSURED:

I understand that United of Omaha Life Insurance Company does not issue insurance policies unsupported by an insurable interest, including any policies involved or contemplated to be involved in stranger originated life insurance ("STOLI") transactions. I understand that my answers and all the other information on this statement will be relied upon by United of Omaha Life Insurance Company in deciding whether to issue this policy, and I understand that any failure by me to provide answers that are fully truthful and correct to the best of my knowledge and belief may render the policy void, and may make the policy subject to cancellation or rescission.

FRAUD WARNING: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Owner/Applicant

Date

Signature of Proposed Insured
(if different from the Owner/Applicant)

Date

QUESTIONS TO BE ANSWERED BY THE PRODUCER

1. Have you solicited, recommended, brokered, or otherwise participated in any communications with the proposed insured or the owner/applicant concerning a STOLI transaction involving this policy? ☐ Yes ☐ No
2. Are you aware of any intent on the part of the owner/applicant or proposed insured to sell or otherwise use this policy for any type of STOLI, life settlement, viatical settlement, senior settlement, or other secondary market or similar transaction? ☐ Yes ☐ No
3. Are you aware of any intent on the part of anyone other than the proposed insured or the owner/applicant to use this policy for any type of STOLI, life settlement, viatical settlement, senior settlement, or other secondary market or similar transaction? ☐ Yes ☐ No

Please provide an explanation for any **"Yes"** answers above, including identification of all parties involved.

STATEMENT OF THE PRODUCER:

I attest that this policy is supported by a legally recognized insurable interest. I am not aware of anyone being paid or promised any consideration in connection with the application for and/or purchase of this policy, other than compensation from United of Omaha Life Insurance Company.

I understand that my answers and all the other information on this statement will be relied upon by Companion Life Insurance Company in deciding whether to issue this policy. I understand that any failure by me to provide answers that are fully truthful and correct may make me liable to return any and all compensation I may receive in connection with this policy as well as other damages. I understand that any failure by me to provide answers that are fully truthful and correct may also result in a referral to the Producer Performance Program, which could result in termination of my sales contract with Companion Life Insurance Company and its affiliates.

Signature of Producer

Date

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/29/2008
Comments:
Attachment:
AR Read Cert.pdf

Review Status:

Satisfied -Name: Filing Fee Schedule 10/30/2008
Comments:
Attachment:
AR Fee Schedule Cert .pdf

CERTIFICATION

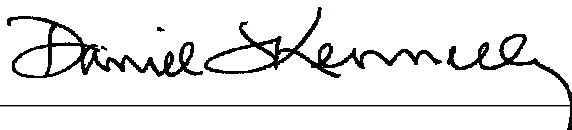
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
C716LNA08A	STOLI Life Application Supplement	*40

* When scored with the policy

United of Omaha Life Insurance Company

Date: October 30, 2008



Daniel J. Kennelly
Vice President & Chief Compliance Officer

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Amy Peitz

402-351-2449

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* _____ X \$50 = \$ _____

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* 1 X \$20 = \$20.00

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**